



Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/632,318
Filing Date	04-Aug-2000
First Named Inventor	Warren
Group Art Unit	
Examiner Name	
Attorney Docket Number	J1-98103-A-US

I hereby appoint:

☐ Practitioners at Customer Number **OR**

☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

Name	Registration Number
Steven C. Sereboff	37,035

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☒ Firm or Individual Name **Steven C. Sereboff**

Address **NetZero, Inc.**

Address **2555 Townsgate Rd.**

City **Westlake Village**

State **CA**

Zip **91361**

Country **USA**

Telephone **805/418-2185**

Fax **805/418-2185**

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed ☒ on file. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name **Steven C. Sereboff**

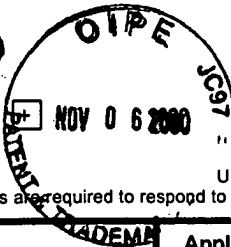
Signature

Date **10-31-2000**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Please type a plus sign (+) inside this box →



PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/632,318
Filing Date	4-Aug-2000
First Named Inventor	Warren
Group Art Unit	
Examiner Name	
Attorney Docket Number	J1-98103-A-US

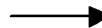
I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number



Place Customer
Number Bar Code
Label here

OR

☐ Firm or
Individual Name

Address

Address

City

Country

USA

State

Zip

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is ☐ enclosed ☒ on file. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

Steven C. Sereboff

Signature

Date

31-Oct-2000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED
NOV 13 2000
TECH CENTER 2700